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Jen Bracken-Hull

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# Feminism, Breastfeeding, and Society

Jen Bracken-Hull

A GOOD friend recently asked me why it is that feminists disagree about breastfeeding. I responded that it is probably the result of differing visions of women's roles and contributions to society. Although feminists may disagree about reproductive issues, they seem to agree that greater awareness of women's contributions is essential. In this paper, I will discuss how differing visions of women's contributions create a dichotomy of opinion about breastfeeding. I will also examine a view that validates women's breastfeeding contributions to society and propose changes to accommodate this essential contribution more fully.

The prejudice some feminists harbor against breastfeeding took root in the 1970s and shortly before. Betty Friedan's 1963 *The Feminine Mystique* helped ignite the second wave of the modern women's movement. An exposé of white, upper-middle-class women's experience in America, the book revealed a society responsible for creating in women "a feeling of personal worthlessness and lack of self, arising from women's attempts to live through their husbands and children." Friedan wrote that society had "discriminated against women and forced them into homebound, vicarious lives" (Cullen-DuPont 70). Despite Friedan's attempt to detail women's roles, however, nowhere does she mention breastfeeding as a validating, meaningful activity.

Breastfeeding in America in Friedan's generation was the exception. Until even recently, breastfeeding women were completely excluded from public venues. In order to participate in regular public activities, women had to give up breastfeeding altogether. Additionally, during the 1970s many feminists expressed an antipathy toward reproductive functions, viewing children as restrictions on women's accomplishments. Over the centuries, they observed, women had been reduced

to a set of biological functions, contributing to society primarily through the birthing and nurturing of children. During WWII, families (that is, women) were encouraged to have five children in order to supply the nation with enough manpower to win the war. This government imposition of roles has not been limited to the United States. As recently as 1991, the Japanese government began bribing families to encourage them to have more than one child (Butow). In the Afrikaner nationalist movement, women were specifically relegated to domestic contributions, particularly the bearing and nurturing of more Afrikaner babies, in order to give Afrikaners a numerical advantage over their oppressors (Gaitskell). Second-wave feminists even saw parallels between breastfeeding and Nazi Germany, where the credo "Kinder, Kuche, Kirche" (Children, Kitchen, Church) conformed women to a "doctrinaire model of domesticity" (Palmer 322).

Understandably, women grew tired of being consigned and limited to domestic contributions. Second-wave feminists began to blame "biology as interpreted by patriarchy" for their exclusion from interesting and creative work. They also saw breastfeeding (along with other reproductive functions) as a skill that rested on biology rather than intellect. Gabrielle Palmer noted, "In the striving for equality . . . childbirth and infant feeding [has] been made a humiliating, disempowering experience" (320). Reproductive debates during the 1970's aimed to give women greater control over their bodies and reduce the essentialism of biological roles. At the same time, commercial infant formulas touted as superior to breast milk allowed women to make contributions in public settings while someone else fed their babies. It appeared as if breastfeeding might be on a permanent decline.

However, scientific studies have made it increasingly clear there is no adequate substitute for breast milk (Angier, Palmer 40–56). Important findings have disputed the exaggerated claims of infant formula marketers, encouraging women to once again offer the breast to their children. Many women today are actually eager to breastfeed, perhaps because evidence has convinced them that breastfeeding is nutritionally superior, or because of an emotional need to bond with their babies (Palmer 83–84), or because they find the breastfeeding role empowering.

For many women, breastfeeding is an empowering experience. They may feel less dependent on male doctors and pediatricians as they contribute to their child's physical and emotional health. Instead of relying on expensive formulas, breastfeeding women are likely more conscious of the wonder of their own biology, thus increasing their confidence in and appreciation for their bodies.

And yet women who have fought for an expansion of gender roles may react negatively to such an increase in breastfeeding. The idea that male-dominated organizations and governments are pressing for greater adherence to biological roles may be alarming, coming at the expense of the personhood, the careers, and the expanded roles of women. Palmer notes that any glorification of motherhood is viewed with suspicion by some feminists, simply because "[it has] frequently been used to restrict women and exclude them from positions of power" (11).

Some feminists are now arguing that skills gained through motherhood are precisely the reason women should be included in positions of power. Palmer states that "it is those very mothering qualities which have led to highly valued traits such as intelligence, verbal and tactile communication, dexterity, endurance and love, and they are traits of men as well as of women" (11). Studies of some mammals indicate that changes brought about in a mother's post-childbirth brain help new mothers improve their spatial memory and learning, thus increasing problem solving skills and intelligence (Kinsley). Such changes warrant notice and encouragement in a society that values intellectual capital so highly.

Third-wave feminism seeks to protect personally meaningful experiences in women's lives, which experiences include birth and breastfeeding. As a result of third-wave efforts, governments, non-profit organizations, and activists work to provide women adequate information and resources to enhance choices during pregnancy and after birth. Particularly in the USA, encouraging such reproductive focus is a controversial issue for modern feminists who want to expand awareness of women's roles separate from their biology. Breastfeeding feminists are also troubled by the difficulty of reconciling the private act of breastfeeding with the public spheres of influence and power. However, many breastfeeding women have decided not to surrender their rediscovered power to the historical truism that if a woman breastfeeds, she will become housebound.

Women called "lactivists" are now fighting for awareness of the legality of breast-feeding in public places. Even people in authority, people who should know, are often unaware that breastfeeding in public is legal in most places in America. In January, 2011, a woman visiting the Smithsonian Hirshhorn museum began breastfeeding her 11-month-old daughter on a bench in the main area of the museum. Two security officers approached and told her she needed to breast-feed in the bathroom. She agreed, but discovered there was nowhere to sit in the bathroom. She returned to the security guards and told them the problem. They replied that she should sit on one of the toilets. Instead, she decided to leave

(Guzman). The guards' prohibition was actually against federal law. The Right to Breastfeed Act, signed into law in 1999, asserted that women can breastfeed anywhere on federally-owned property, such as the bench in the Hirshhorn museum. Local laws also generally protect a woman's right to breastfeed in any public place where she would otherwise be allowed. However, even breastfeeding women, according to lactivists, may not be aware of laws that protect their right to breastfeed. Women who heard about the Hirshhorn incident decided to expand awareness of breastfeeding laws by staging a breastfeeding sit-in at the museum.

Such sit-ins serve another important function: the normalization of breastfeeding in public places. After newswoman Barbara Walters made an unenlightened comment about public breastfeeding, one lactivist said, "It's like any other prejudice. They have to get used to it.... People don't want to see it because they feel uncomfortable with it, and they feel uncomfortable with it because they don't see it" (Harmon). Lactivism has helped to educate and to shame a public ignorant of and ambivalent toward breastfeeding.

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However, despite increasing openness to breast-feeding women as customers, consumers and citizens (Corbett), many nations (the USA included) are still unwilling to accommodate breastfeeding by employees. A woman's right to paid maternity leave is nonexistent in the USA, making the establishment of breastfeeding and subsequent mother-child bonding for women who will return to work virtually impossible. Employers rarely provide facilities or regular breaks for breastfeeding mothers to express or pump milk, making breastfeeding and full-time employment incompatible. The less a woman's nipples are stimulated

via pumping or suckling, the less milk she will produce. In a few months' time, her milk supply may become so depleted that she will have to give up breastfeeding altogether, thus failing to achieve the World Health Organization's suggestion that women should breastfeed for at least a full year. Women who feel strongly about breastfeeding may cut their hours and become part-time employees, placing themselves at serious financial disadvantage. This problem is particularly prevalent in the USA, where no laws require employers to pay part-time and full-time employees a comparable wage or to provide benefits to part-time employees. Breastfeeding women and their children are thus disadvantaged in terms of health and financial security.

Such problems have led feminists to theorize changes that would accommodate breastfeeding mothers. Other governments offer important examples. Norway requires employers to provide working mothers two hours per day to breastfeed their children at home or the office. It is not uncommon for Norwegian women to breastfeed at their desks (Alvarez). This is an important accommodation, but feminists call for changes that have even more far-reaching restructuring of current attitudes.

Palmer argues that the value of breast milk should be financially compensated. She remarks:

If a multinational company developed a product that was a nutritionally balanced and delicious food . . . that both prevented and treated disease, cost almost nothing to produce . . . the announcement of this find would send its shares rocketing to the top of the stock market. The scientists who developed the product would win prizes. . . . Women have been producing such a miraculous substance . . . since the beginning of human existence, yet they form the least wealthy and the least powerful half of humanity. (1)

Maria Mies asserts that financial compensation is the best way to reverse the unfortunate historical attitude that breastfeeding is an animalistic activity unworthy of higher intellects. She observes that a human mother breastfeeding a child is not the same as a cow nursing her young. Mies asserts women's reproductive contributions, including breastfeeding, should be rewarded just as any valuable contribution in more public spheres is awarded (Mies). Some feminists urge that employment benefits, including social security, should be given to women de facto when raising a child, and particularly so when they breastfeed. As Palmer points out, providing a financial reward to breastfeeding women would certainly be cheaper than dealing with the barrage of health costs caused by the use of infant formulas.

For women not to be disadvantaged when they choose to breastfeed, fundamental changes in the workplace will be required: giving breaks for breastfeeding, providing facilities for breastfeeding, and providing on-site high-quality daycare where a woman can access her child during the workday. Appropriate accommodation would also necessitate legislation to provide part-time employees with equitable wages and reasonable healthcare benefits. Additionally, financially appraising breast milk's contribution to public health will help society—including mothers—value the unique and essential health contributions of breastfeeding women.

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